



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

LICENSE BY EXAMINATION AESTHETICIAN, BARBER, LIMITED BARBER, COSMETOLOGIST, OR NAIL TECHNICIAN

Do not return the following 3 informational pages with your application; they are for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579
TTY users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS FOR LICENSURE BY EXAMINATION

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program. **The following must be submitted with the application:**

1. **Fee;**
2. **Proof that you are at least 17 years of age (a copy of birth certificate or driver's license is acceptable);**
3. **Proof that you have completed at least the 10th grade in a secondary school of learning or its equivalent;**
4. **Transcript or affidavit demonstrating that you have satisfactorily completed your course of study; and**
5. **Written and Practical passing examination scores.**

NOTE:

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void regardless that you hold a temporary license, if applicable.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete, a letter will be mailed to you.
- ✓ **Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.**

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. You will be notified by email from noreply@maine.gov using the email address you provide on this application. A copy of your license will be attached to that email. (a paper license will not be sent by regular mail). **The email with your license will contain the access code that is required to renew your license online when the time comes.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your access code.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner.

NOTICES:

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

LAWS AND RULES:

Disclosure: Effective July 1, 2012, the Barbering and Cosmetology Licensing Program has discontinued the Maine Laws and Rules portion of the examination and in its place requires the applicant to attest that s/he will obtain, read and abide by all Maine laws and rules related to the practice of Barbering and Cosmetology as a part of the application process. Applicants for an initial practice license are required to take and pass the applicable written and practical examinations in order to qualify for licensure. The holder of an active license has an obligation and responsibility to keep abreast of laws and rules and maintaining current and up to date practice standards.

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

All relevant laws and rules are accessible from this web page.

Title 5 Administrative Procedures and Services Chapter 341

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

Title 10 Department of Business Regulation Law §§8001-8011

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the websites listed above to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8579 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333 -0035
- **Where are you located?** Gardiner Annex Building, 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes, but you will not leave with a license.
- **Can I come to Gardiner to pick up my license?** No. Your license will be e-mailed to you.
- **How long does it take to process an application?** You can check your status on our website at www.maine.gov/professionallicensing. Your license will show up as "PENDING" at first; as soon as your status is "ACTIVE" you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES:

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (or your application will be canceled as incomplete)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)				
FULL LEGAL NAME		<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED				
DATE OF BIRTH		<i>mm / dd / yyyy</i>		SOCIAL SECURITY NUMBER - -
MAILING ADDRESS				
CITY		STATE	ZIP	COUNTY
PHONE # ()		FAX # ()		E-MAIL (Your license will be emailed)
CRIMINAL BACKGROUND DISCLOSURE				
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>				
1. Have you ever been convicted by any court of any crime? (circle one) NO YES				
If yes, enclose a detailed signed description of what happened (including dates) <u>and</u> a copy of the court judgment.				
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES				
If yes, enclose a detailed signed explanation <u>and</u> copies of all documents.				
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.				
SIGNATURE		DATE		

Barbering and Cosmetology Licensing Program
Licensure by Examination
Aesthetician, Barber, Limited Barber, Cosmetologist or Nail Technician
Required Fees: \$41.00(Non-Refundable)

<u>LICENSE TYPE: YOU MUST CHECK ONE FROM BELOW</u>	
<input type="checkbox"/> Aesthetician (AE1421)	<input type="checkbox"/> Limited Barber (LBA1421)
<input type="checkbox"/> Barber (BA1421)	<input type="checkbox"/> Cosmetologist (CO1421)
<input type="checkbox"/> Nail Technician (MA1421)	

Office Use Only:	
Check #	_____
Amount:	_____
Cash #	_____
Lic. #	_____
1421—\$20.00 2619—\$21.00	

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit or debit card, please fill out the following:

NAME OF CARDHOLDER (please print)		<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER the following amount: \$_____				
<input type="checkbox"/> I understand that fees are non-refundable				
Card number:		<i>XXXX-XXXX-XXXX-XXXX</i>		Expiration Date <i>mm / yyyy</i>
SIGNATURE		DATE		

SECTION 1: COURSE OF STUDY PRACTICE EDUCATION

Licensed School– Course of Study Completed; if applicable

Name of School Attended		
School Address		
City	State	Zip Code
Telephone #		
Course Completed	Course Hours Completed	Graduation Date
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Limited Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology		<i>mm/yyyy</i>

Trainee– Course of Study Completed; if applicable

Establishment Name Where Training Occurred		
Establishment Address		Phone
		()
City	State	Zip Code
Supervisor Name	Supervisor License #	
Course Completed	Hours Completed	Completion Date
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Limited Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology		<i>mm/yyyy</i>

Do you currently have a temporary license ? ☐ Yes ☐ No

If yes, License # _____

SECTION 2: EXAMS

Have you taken and passed The National Interstate Council of State Boards of Cosmetology (NIC) written and practical exam?	
<input type="checkbox"/> Yes If yes, please include exam results with this application Date of Exam _____ Note: Pursuant to MRS 32§14229-A, passing exam score dates must be within 1 year from the date the application is submitted.	<input type="checkbox"/> No If no, you are <u>not</u> eligible to apply for licensure and cannot submit this application.

SECTION 3: LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE. (Use additional paper in same format if necessary)

1. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/Type	Date Issued	Expiration Date

SECTION 4: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	
Signature of Applicant	Date
	